

U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**

See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF

U.S. DISTRICT COURT - N.D. OF NEW YORK CASE NUMBER

DEFENDANT

TYPE OF PROCESS

SERVE

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN



Patrick Nurse Central New York Psychiatric Center

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

00:00

AT

PO BOX 300 Old River Rd Marcy NY 13403

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Matthew John Metagrano

183762

Central New York Psychiatric Center

P.O. Box 300

Marcy NY 13403

Number of process to be served with this Form - 285

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

Signature of Attorney or other Originator requesting service on behalf of:

 PLAINTIFF  
 DEFENDANT

TELEPHONE NUMBER

DATE

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
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I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
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Address (complete only if different than shown above)	Date of Service	Time	am
	1-19-07		pm

Signature of U.S. Marshal or Deputy

R Clarke

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
8.00			8.00			

REMARKS:

service via regular mail 12/29/06  
USM 299 received 1-24-07

U.S. Department of Justice  
 United States Marshals Service  
 Northern District of New York  
 PO Box 7260  
 Syracuse, NY 13261



**STATEMENT OF SERVICE BY MAIL AND ACKNOWLEDGMENT  
 OF RECEIPT BY MAIL OF SUMMONS AND COMPLAINT**

**A. STATEMENT OF SERVICE BY MAIL**

United States District Court  
 for the  
 Northern District of New York

TO: Patrick, Nurse  
 CNY Psychiatric Center  
 PO Box 300  
 Marcy, NY 13403

Civil File Number 05-CV-1459

Matthew John Matagrano  
V  
 Regina Miles, et al

The enclosed summons and complaint are served pursuant to Fed. R. Civ. P. 4(e)(1) and section 312-a of the New York Civil Practice Law and Rules.

To avoid being charged with the expense of service upon you, you must sign, date and complete the acknowledgment part of this form and mail or deliver one copy of the completed form to the sender within thirty (30) days from the date you receive it. You should keep a copy for your records or for your attorney. If you wish to consult an attorney, you should do so as soon as possible.

If you do not complete and return the form to the sender within thirty (30) days, you (or the party on whose behalf you are being served) will be required to pay expenses incurred in serving the summons and complaint in any other manner permitted by law, and the cost of such service as permitted by law will be entered as a judgment against you.

The return of this statement and acknowledgment does not relieve you of the necessity to answer the complaint. The time to answer expires thirty (30) days after the day you mail or deliver this form to the sender.

If you are served on behalf of a corporation, unincorporated association, partnership or other entity, you must indicate under your signature your relationship to the entity. If you are served on behalf of another person and you are authorized to receive process, you must indicate under your signature your authority.

I declare, under penalty of perjury, that this Notice and Acknowledgment of Receipt of Summons and Complaint by Mail was mailed on December 29, 2006.

*P. Wm. M.*  
 Signature (Must be Official)

**B. ACKNOWLEDGMENT OF RECEIPT OF SUMMONS AND COMPLAINT**

I received the summons and complaint in the above-referenced matter.

CHECK ONE OF THE FOLLOWING; (IF 2 IS CHECKED, COMPLETE AS INDICATED)

1.  I am not in military service of the United States.  
 2.  I am in military service of the United States, and my rank, serial number and branch of service are as follows:  
 Rank: \_\_\_\_\_  
 Serial Number: \_\_\_\_\_  
 Branch of Service: \_\_\_\_\_

**TO BE COMPLETED REGARDLESS OF MILITARY STATUS:**

I affirm the above as true under penalty of perjury.

*Peter A. Durfee*  
 Signature  
*Peter A. Durfee*  
 Print Name

*1/19/07*  
 Date of Signature

*Patrick Mullally*  
 Name of Defendant for which acting  
*Deputy Counsel for Litigation, NYSOMH*  
 Relationship to defendant/Authority to Receive

It is a crime to forge a signature or to make a false entry on this statement or on the acknowledgment.

RECEIVED  
USMS - NY  
JAN 24 2007